

## FINANCIAL AFFIDAVIT

CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)US A VS.  
Mc KIBBONSFOR  
Northern District of IL  
AT  
EASTERN Division

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

PATRICK Mc KIBBONS

CHARGE/OFFENSE (describe if applicable &amp; check box →)

18 USC 2423(b)

- 1 ☒ Defendant - Adult  
 2 ☒ Defendant - Juvenile  
 3 ☐ Accused  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment 12/06 How much did you earn per month? \$ 1200 4 TAKES
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No D.N.A. IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION
		1500	93 SATURN
DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and ship to them
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	1	
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt Monthly Pay.
	Child Support Phone INSURANCE		\$ 215 \$ 60 \$ 60

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 1-4-08

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Patrick McKibbons